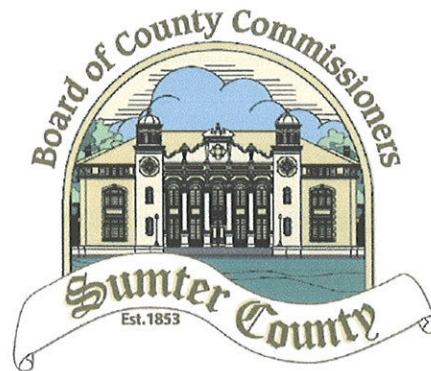


# Board of County Commissioners

## Sumter County, Florida

910 N. Main Street, Room 201 • Bushnell, FL 33513-6146 • Phone (352) 793-0200 • FAX: (352) 793-0207  
Website <http://sumtercountyfl.gov>



**August 25, 2009**

To: Board of County Commissioners  
From: Budget & Purchasing  
Subject: Inventory Transactions

1) Please authorize the following inventory transfers shown as follows:

Item	ID#	Transfer From:	Transfer To:
2005 Chevrolet Colorado	CC-55BSV	Building Services	Solid Waste
2003 Ford Expedition	CC-0029EM	Emergency Management	Sheriff's Office
2006 Ford (Black) Expedition	CC-0059EM	Emergency Management	Sheriff's Office

2) Please authorize the following items to be removed from inventory for reasons as indicated:

Department	ID#	Item	Note:
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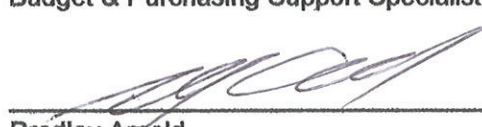
Recommended by:

  
Karen Parker

Budget & Purchasing Support Specialist

8/18/09  
Date

Recommended by:

  
Bradley Arnold  
County Administrator

8/18/09  
Date

Richard "Dick" Hoffman, Dist 1  
(352) 753-1592 or 793-0200  
910 N. Main Street  
Bushnell, FL 33513

Doug Gilpin, Dist 2  
Vice Chairman  
(352) 793-0200  
910 N. Main Street  
Bushnell, FL 33513

Don Burgess, Dist 3  
(352) 753-1592 or 793-0200  
910 N. Main Street  
Bushnell, FL 33513

Garry Breeden, Dist 4  
Chairman  
(352) 793-0200  
910 N. Main Street  
Bushnell, FL 33513

Randy Mask, Dist 5  
2<sup>nd</sup> Vice Chairman  
Office: (352) 793-0200  
Home: (352) 793-3930  
910 N. Main Street  
Bushnell, FL 33513

Bradley S. Arnold,  
County Administrator  
(352) 793-0200  
910 N. Main Street  
Bushnell, FL 33513-6146

Gloria R. Hayward, Clerk & Auditor  
(352) 793-0215  
209 North Florida Street  
Bushnell, FL 33513

County Attorney  
The Hogan Law Firm  
Post Office Box 485  
Brooksville, Florida 34605

# County Vehicle Request

*This form is to be completed on any vehicle transaction.  
(i.e. purchase/donation, transfer, removal, etc.)*

<b>Make &amp; Model</b>	Chevrolet Colorado	<b>Year</b>	2005
<b>VIN #</b>	1GCDT196158273592	<b>CC #</b>	CC-55BSV
<b>Cost/Value</b>	\$5300.00	<b>Mileage</b>	49,041
<b>Please check the appropriate transaction box below:</b>			
<input type="checkbox"/> <b>Request addition to inventory &amp; insurance.</b> <b>Date vehicle received:</b>			
<input checked="" type="checkbox"/> <b>Request removal from inventory &amp; insurance. (From Building Services)</b>			
<input checked="" type="checkbox"/> <b>Request transfer (Transfer to Solid Waste)</b>			
<input type="checkbox"/> <b>Request disposal</b>			
<p>*Please note that all auto insurance will be cancelled as of the disposal date. Any vehicles that require transportation to Solid Waste or other designated disposal sites <b>MUST BE TRANSPORTED PRIOR TO THE DISPOSAL DATE</b> to ensure proper insurance coverage during transportation.</p>			
<p><b>Comments:</b> Truck # 735 is being sold to Solid Waste for \$5,300.00 in place of #725 which has mechanical problems and was originally going to be purchased by them.</p>			
<p>Truck #725 will remain in Building Services and on Building Services Inventory.</p>			

Signature \_\_\_\_\_  
Building Services Department \_\_\_\_\_

8-17-09  
Date

Please forward to – Budget and  
Purchasing Department

**\*GAS KEY** – When removing a vehicle from your inventory, please return the gas key to Public Works for deactivation.

For Office Use Only:

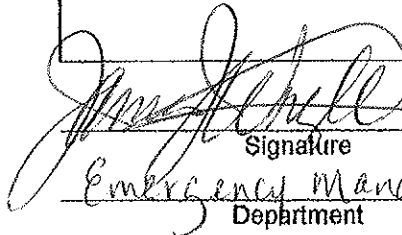
Request Date Received \_\_\_\_\_ Date of Board Action \_\_\_\_\_

Date Insurance Added/Deleted \_\_\_\_\_

## County Vehicle Request

This form is to be completed on any vehicle transaction.  
(i.e. purchase/donation, transfer, removal, etc.)

Make & Model <i>Ford Expedition</i>	Year <i>2003</i>
VIN # <i>1FMPU16L936C41922</i>	CC # <i>0029 EM</i>
Cost/Value <i>\$12,235<sup>00</sup></i>	Mileage <i>76,000</i>
Please check the appropriate transaction box below:	
<input type="checkbox"/> Request addition to Inventory & Insurance. Date vehicle received:	
<input type="checkbox"/> Request removal from inventory & insurance.	
<input checked="" type="checkbox"/> Request transfer	
<input type="checkbox"/> Request disposal	
<small>*Please note that all auto insurance will be cancelled as of the disposal date. Any vehicles that require transportation to Solid Waste or other designated disposal sites MUST BE TRANSPORTED PRIOR TO THE DISPOSAL DATE to ensure proper insurance coverage during transportation.</small>	
Comments: <i>Transfer to Sheriff's Office Inventory</i>	

  
Signature  
*Emergency Management*  
Department

*8/17/09*  
Date

Please forward to – Budget and  
Purchasing Department

**\*GAS KEY** – When removing a vehicle from your inventory, please return the gas key to Public Works for deactivation.

For Office Use Only:

Request Date Received \_\_\_\_\_ Date of Board Action \_\_\_\_\_  
Date Insurance Added/Deleted \_\_\_\_\_

## County Vehicle Request

*This form is to be completed on any vehicle transaction.  
(i.e. purchase/donation, transfer, removal, etc.)*

<b>Make &amp; Model</b> <u>Black Ford Expedition.</u>	<b>Year</b> <u>2006</u>
<b>VIN #</b> <u>1FMEU16556LA85282</u>	<b>CC #</b> <u>0059EM</u>
<b>Cost/Value</b> <u>\$28,900.00</u>	<b>Mileage</b> <u>38,000</u>
<b>Please check the appropriate transaction box below:</b>	
<input type="checkbox"/> <b>Request addition to inventory &amp; insurance.</b> Date vehicle received: _____	
<input type="checkbox"/> <b>Request removal from inventory &amp; insurance.</b>	
<input checked="" type="checkbox"/> <b>Request transfer</b>	
<input type="checkbox"/> <b>Request disposal</b> <small>*Please note that all auto insurance will be cancelled as of the disposal date. Any vehicles that require transportation to Solid Waste or other designated disposal sites MUST BE TRANSPORTED PRIOR TO THE DISPOSAL DATE to ensure proper insurance coverage during transportation.</small>	
<b>Comments:</b> <u>Please transfer to Sheriff's office</u>	

Inventory

8/17/09

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency management  
Department

Please forward to -- Budget and  
Purchasing Department

**\*GAS KEY** -- When removing a vehicle from your inventory, please return the gas key to Public Works for deactivation.

**For Office Use Only:**

Request Date Received _____	Date of Board Action _____
Date Insurance Added/Deleted _____	